

**Get tested for:** 

HIV SYPHILIS CHLAMYDIA GONORRHEA

FOR MORE INFORMATION: http://www.cdc.gov/hepatitis

Persons depicted in these materials are models and used for illustrative purposes only.

# GET VACCINATED AGAINST HEPATITIS A HEPATITIS R





# **IDENTIFICATION OF MSM** (MEN WHO HAVE SEX WITH MEN)

Assess sexual risk for all male patients, including routinely asking about the gender of patient's sex partners.

### STD SCREENING FOR ALL SEXUALLY ACTIVE MSM<sup>1</sup>

The following tests are recommended annually<sup>2</sup>:

- HIV serology, if HIV-negative or not previously tested
- Syphilis serology
- Urethral culture or nucleic acid amplification test for gonorrhea
- Urethral or urine test (culture or nucleic acid amplification) for chlamydia in men with oral-genital exposures
- Pharyngeal culture for gonorrhea in men with oral-genital exposure
- Rectal gonorrhea and chlamydia culture in men who have had receptive anal intercourse

lymphadenopathy, and skin rash), appropriate diagnostic tests should also be done.

2More frequent STD screening (e.g., at 3-6-month intervals) may be indicated for MSM at highest risk (e.g., patient or patient's sex partner has multiple anonymous partners or sex in conjugation with

# **HEPATITIS A VACCINATION**

- Recommended for all MSM
- Doses and schedules (≥19 years)

Vaccine	Dose	Volume (mL)	Schedule (months)
HAVRIX® <sup>1</sup>	1,440 EL.U.	1.0	0, 6-12
VAQTA® <sup>2</sup>	50 U	1.0	0, 6-12
Twinrix® <sup>3</sup>	**	1.0	0, 1-2, 6-12

<sup>3</sup>combined hepatitis A-hepatitis B vaccine, GlaxoSmithKline; 3-dose schedule \*\*720 EL.U. hepatitis A vaccine, 20 mcg hepatitis <u>B</u> vaccine

# **Prevaccination susceptibility testing**

- May be cost-effective, but should not be a barrier to vaccination of susceptible persons
- Vaccination of immune persons is not harmful
- If done, first vaccine dose should be given at same time serologic testing is done
- Antibody to hepatitis A virus is test of choice

# Post-vaccination testing for response

Not recommended

# **HEPATITIS B VACCINATION**

- Recommended for all MSM
- Doses and schedules (≥20 yrs)

Vaccine	Dose	Volume (mL)	Schedule (months)
ENGERIX-B®1	20 mcg	1.0	0, 1-2, 4-6
Recombivax® <sup>2</sup>	10 mcg	1.0	0, 1-2, 4-6
Twinrix® <sup>3</sup>	**	1.0	0, 1-2, 6-12

<sup>2</sup>recombinant hepatitis B vaccine, Merck & Co., Inc.; 3-dose schedule <sup>3</sup>combined hepatitis A-hepatitis B vaccine, GlaxoSmithKline; 3-dose schedule

## Pre-vaccination susceptibility testing

- May be cost-effective, but should not be a barrier to vaccination of susceptible persons
- Vaccination of immune persons is not harmful
- If done, first dose of vaccine should be administered at same time serologic testing is done

# Post-vaccination testing for response

- Recommended only for immunocompromised persons and for sex partners of persons with chronic hepatitis B virus infection
- Antibody to hepatitis B surface antigen is test of choice
- 1-2 months after 3<sup>rd</sup> dose

# PREVENTION COUNSELING

- Prevention messages should be tailored to the patient, with consideration given to patient's specific risk factors for STDs.
- Messages should include a description of specific actions the patient can take to avoid acquiring or transmitting STDs.
- The most reliable way to avoid transmission of STDs is to abstain from sexual intercourse or to be in a long-term, mutually monogamous relationship with an uninfected partner.
- If a person chooses to have sexual intercourse with a partner whose infection status is unknown or who has an STD, a new condom should be used.

### FOR ADDITIONAL INFORMATION

STD Treatment Guidelines: www.cdc.gov/mmwr/PDF/RR/RR5106.pdf

PDA Download: www.cdcnpin.org/scripts/std/pda.asp

Hepatitis Vaccination: www.cdc.gov/hepatitis

Male Latex Condoms and Sexually Transmitted Diseases: www.cdc.gov/nchstp/od/latex.htm





